

To:  
Home Health  
Agencies  
Personal Care  
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HMOs and Other  
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Programs

## Wisconsin Medicaid Provides Form to Request Discretionary Waiver of Qualifications for Registered Nurses Supervising Personal Care Workers

The Request for Discretionary Waiver of Qualifications for a Registered Nurse Supervisor form is available from Wisconsin Medicaid to aid providers of personal care services. This form may be used to expedite a request to waive certain qualifications listed in HFS 105.17(2), Wis. Admin. Code, for a registered nurse applying to supervise personal care workers.

### Qualifications for Registered Nurse Supervisors of Personal Care Workers

Wisconsin Medicaid recognizes that there are situations under which personal care agencies may need to employ a registered nurse (RN) who does not have the required home care experience to supervise personal care workers (PCWs). According to HFS 105.17(2), Wis. Admin. Code, in addition to being licensed in Wisconsin pursuant to s. 441.06, Wis. Stats., RN supervisors of PCWs are required to possess *both* of the following qualifications:

- Be a public health nurse or be currently or previously employed by a home health agency, an independent living center, or a hospital rehabilitation unit.
- Provide documentation of experience in providing personal care services in the home.

Any personal care agency that wishes to contract with or employ an RN to supervise PCWs who does not meet the provisions stated in Wisconsin Administrative Code is required to submit a request to Wisconsin Medicaid for a waiver of these qualifications.

The Request for Discretionary Waiver of Qualifications for a Registered Nurse Supervisor form was developed to expedite the waiver request process and help providers include all necessary information with the request. Providers may develop their own form, however, the request must contain all of the information listed in the Request for Discretionary Waiver of Qualifications for a Registered Nurse Supervisor form and the RN's resume *must* be included.

Providers may submit the request by fax to Wisconsin Medicaid at (608) 266-1096, to the attention of the Personal Care Analyst. Providers who wish to submit the request by mail may send it to the following address:

Personal Care Analyst  
Wisconsin Medicaid  
Department of Health and Family Services  
1 W Wilson St  
PO Box 309  
Madison WI 53701-0309

## Waiver of Qualifications Approval Condition

As a condition of the waiver, the requesting agency agrees to arrange for an RN supervisor of PCWs who meets HFS 105.17(2), Wis. Admin. Code, requirements to mentor the RN supervisor applicant for six months. The six-month mentoring period begins on the date indicated on the waiver approval letter from Wisconsin Medicaid. After the six-month mentoring period has ended, the RN for whom the qualifications were waived is considered to have fulfilled the qualifications of HFS 105.17(2), Wis. Admin. Code, and may supervise PCWs without the assistance of a mentor.

## Obtaining the Form

Providers may photocopy the Discretionary Waiver of Qualifications for a Registered Nurse Supervisor form from the Attachment of this *Wisconsin Medicaid and BadgerCare Update*.

The form is also available in a fillable Portable Document Format (PDF) from the forms page of the Medicaid Web site. To access the Discretionary Waiver of Qualifications for a Registered Nurse Supervisor and other Medicaid forms, follow these instructions:

- Go to [dhfs.wisconsin.gov/medicaid/](http://dhfs.wisconsin.gov/medicaid/).
- Choose “Provider” from the options listed in the Wisconsin Medicaid main menu.
- Select “Provider Forms” under the “Provider Publications and Forms” topic area.

The fillable PDF may be accessed using Adobe Acrobat Reader®\* and may be completed electronically. To use the fillable PDF, click on the dash-outlined boxes to enter information. Press the “Tab” key to move from one box to the next. Print the form when it is complete.

## Information Regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at [dhfs.wisconsin.gov/medicaid/](http://dhfs.wisconsin.gov/medicaid/).

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\* The Medicaid Web site provides instructions on how to obtain Adobe Acrobat Reader® at no charge from the Adobe® Web site. Adobe Acrobat Reader® does not allow users to save completed fillable PDFs to their computer; however, if Adobe Acrobat® is obtained, providers may save completed PDFs to their computer. Refer to the Adobe® Web site, [www.adobe.com/](http://www.adobe.com/) for more information about fillable PDFs.

**ATTACHMENT**  
**Request for Discretionary Waiver of Qualifications for a  
Registered Nurse Supervisor**

(The "Request for Discretionary Waiver of Qualifications for a Registered Nurse  
Supervisor" form is located on the following pages.)

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## WISCONSIN MEDICAID REQUEST FOR DISCRETIONARY WAIVER OF QUALIFICATIONS FOR A REGISTERED NURSE SUPERVISOR

Wisconsin Medicaid requires certain information to enable Medicaid to authorize and pay for medical services provided to eligible recipients. The information on this form is only to be used for the purpose of waiving qualifications for registered nurses (RNs) performing personal care worker (PCW) supervision duties while being mentored. The use of this form is voluntary and providers may develop their own form as long as it includes all the information on this form.

### Registered Nurse Supervisor Qualifications

The provision of HFS 105.17(2)(a), Wis. Admin. Code, states that an RN supervisor under contract with or employed by a personal care provider shall have all of the following qualifications:

- Be licensed in Wisconsin pursuant to s. 441.06, Wis. Stats.<sup>1</sup>
- Be a public health nurse or be currently or previously employed by a home health agency, an independent living center, or a hospital rehabilitation unit.
- Provide documentation of experience in providing personal care services in the home.

### Registered Nurse Supervisor Duties

The provision of HFS 105.17(2)(b), Wis. Admin. Code, states that an RN supervisor shall perform all of the following duties:

- Evaluate the need for service and make referrals to other services as appropriate.
- Secure written orders from the recipient's physician. These orders are to be renewed once every three months unless the physician specifies that orders covering a period of time up to one year are appropriate, or when the recipient's needs change, whichever occurs first.
- Develop a plan of care for the recipient, giving full consideration to the recipient's preferences for service arrangements and choice of PCWs, interpret the plan to the PCW, include a copy of the plan in the recipient's health record, and review the plan at least every 60 days and update it as necessary.
- Develop appropriate time and service reporting mechanisms for PCWs and instruct the workers on their use.
- Give the PCW written instructions about the services to be performed and demonstrate to the PCW how to perform the services.
- Evaluate the competency of the PCW to perform the services.

**INSTRUCTIONS:** A personal care provider contracting with or employing an RN supervisor of PCWs who does not meet the qualifications stated in HFS 105.17(2), Wis. Admin. Code, and requests a waiver of these qualifications is required to submit the information contained in this form to Wisconsin Medicaid. Providers are required to include all information requested on this form. If necessary, attach additional pages if more space is needed. Provide enough information for Wisconsin Medicaid to make a reasonable judgment. *The applicant's resume must be included with this form.*

Providers may submit this form by fax to Wisconsin Medicaid at (608) 266-1096, to the attention of the Personal Care Analyst. Providers who wish to submit this form by mail may do so by submitting it to the following address:

Personal Care Analyst  
Wisconsin Medicaid  
Department of Health and Family Services  
1 W Wilson  
PO Box 309  
Madison WI 53701-0309

<sup>1</sup> Wisconsin Medicaid will not waive this qualification of HFS 105.17(2), Wis. Admin. Code, for any applicant.

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**SECTION I — REGISTERED NURSE SUPERVISOR APPLICANT**

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**AGENCY INFORMATION**

Name — Agency

Medicaid Identification Number — Agency

Address (Street, City, State, and Zip Code) — Agency

Telephone Number — Agency

The agency listed above requests an HFS 106.13, Wis. Admin. Code, Discretionary Waiver of provision HFS 105.17(2)(a)2 or 3, Wis. Admin.

Code, for \_\_\_\_\_ for the following reasons listed and therefore strict enforcement of a requirement would  
(Name — RN Supervisor Applicant)

result in unreasonable hardship on the provider or on a recipient (e.g., shortage of experienced home care nurses in vicinity).

Summarize the specific qualifications and experience of the RN Supervisor Applicant. In addition, the Applicant's resume *must* be attached.

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**SECTION II — REGISTERED NURSE SUPERVISOR MENTOR**

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An RN Supervisor who meets HFS 105.17(2), Wis. Admin. Code, requirements will mentor the RN Supervisor Applicant for a period of six months. The RN Supervisor listed below will be mentoring the RN Supervisor Applicant during this period.

Name — RN Supervisor Mentor

Title — RN Supervisor Mentor

Address (Street, City, State, and Zip Code) — RN Supervisor Mentor (only if different from Agency address)

Telephone Number — RN Supervisor Mentor (only if different from Agency telephone)

I assure that \_\_\_\_\_ will:  
(Name — RN Supervisor Applicant)

- Be mentored by an RN who meets HFS 105.07(2), Wis. Admin. Code, requirements for an RN supervisor of PCWs.
- Have ready access to the assigned RN supervisor mentor.
- Be mentored for six months.
- Be familiarized with the PCW training program, which will be documented in the assigned RN supervisor mentor's records.

I assure that the health, safety, or welfare of any recipient will not be adversely affected as a result of the Department of Health and Family Services granting this waiver.

SIGNATURE — Authorized Representative of Personal Care Agency

Title

Date Signed